

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10588339

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5						
6						
7						
8				1		
9				1		
10						
11						
12				1		
13						
14						
15						
16						
17				1		
18						
19				1		
20						
21						
22				1		
23						
24						
25			1			
26				1		
27				1		
28						
29						
30				1		
31						
32						
33						
34						
35				1		
36				1		
37						
38						
39				1		
40						
41						
42				1		
43				1		
44				1		
45				1		
46						
47						
48				1		
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53						
54						
55				1		
56						
57						
58						
59				1		
60						
61				1		
62						
63						
64				1		
65						
66						
67			1			
68				1		
69				1		
70				1		
71						
72						
73			1			
74				1		
75						
76				1		
77						
78				1		
79						
80				1		
81				1		
82				1		
83						
84						
85						
86			1			
87				1		
88				1		
89				1		
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	38	←		←
TOTAL CLAIMS			43			